

# Business License Application

Physical Location 4528 – 51 Street  
Mailing Address PO Box 270, Millet, AB T0C 1Z0  
Phone 780-387-4554  
Website [www.millet.ca](http://www.millet.ca)



## Application Information

Business Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Civic Address \_\_\_\_\_  
Email \_\_\_\_\_  
Website \_\_\_\_\_  
Phone Number \_\_\_\_\_

## Contact Information

Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Secondary Contact \_\_\_\_\_  
Phone Number \_\_\_\_\_

## Type of Business

Commercial Resident       Commercial Non-Resident   
Monthly License       Rental Properties

## Description of Business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you store dangerous goods or chemicals on your business premises?    Yes     No

**Promotion**

Would you like your business added to the Town’s business directory? Yes  No

Would you like to receive emails from the Town regarding programs, events and opportunities? Yes  No

If you are having a grand opening ceremony, would you like a ribbon cutting, social media acknowledgement, or website announcement? Yes  No

I hereby certify that the above information is true and properly sets out the business at which is carried out by the applicant, owner, or operator or by any person(s) as the case may be. I understand that should the business stay active, that I must renew by January 31st of any given year in which the business intends to operate and that if I do not renew in time that I may be liable for any and all administrative fees and/or fines. Approval of this Business License does not exempt the applicant from obtaining necessary permits required through Municipal Bylaws and Provincial Statutory Regulations. It is my responsibility to contact Alberta Health, AGLC, Insurance, or other related parties regarding the business. I acknowledge I have read and understood the contents of this form.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

**Office Use Only**

Tax Roll: \_\_\_\_\_ Receipt Number \_\_\_\_\_

Licensing Officer Name \_\_\_\_\_ Approved  Declined

Licensing Officer Signature \_\_\_\_\_

Conditions \_\_\_\_\_  
\_\_\_\_\_

*Disclaimer - while every care has been exercised in compiling and publishing the data from this page, and in recognition that the information is being published free of charge, the Town of Millet accepts no responsibility for any errors or omissions.*

*The personal information on this form is collected under the authority of Business Licensing Bylaw currently enforce in the Town of Millet. It will be treated in accordance with the privacy provision of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) to assess all matters relevant to your application for this license. The Town may request input from other necessary agencies to determine appropriate conditions. Therefore, the Town considers your submitted application consent to disclose the personal or other information provided in your application pursuant to section 40(1)(d) of FOIP. If you have any questions regarding the collection, use or disclosure of your personal information please contact the Town of Millet at 780-387-4554.*